Dear Editor and Reviewers,

We have endeavored to make the changes and edits you suggested. Thank you, we believe the paper is a much better product now given your feedback. We did not include obesity, income and physical activity in our analysis for several reasons. To do that is beyond the scope of our study's focus, and our sample size is too small to conduct a recursive analysis. Also, our careful examination of BMI and income suggests that our dataset may not be optimal to analyze obesity. We do acknowledge that these are potential areas for future work. Thank you again for your contributions to this project.

Authors

The purpose of this study was to investigate the relationship between anxiety and diet, as well as depression and diet among university students and the influence of biological sex on this relationship. To do this, food intake and health score data was collected using the ASA24, which was then used to obtain total scores and components of HEI, two well-considered methods.
Methodological errors that can be modified:
BMI data should have been collected, obese people consume more calories, have a higher body mass index (BMI) and poorer diet quality. There is strong evidence of a negative association between obesity and healthy eating, as well as a positive association between obesity and calorie intake.

- We agree that hypothetically BMI may be related to anxiety, depression and diet. When we followed up on the reviewer's suggestion, we found that there was a low correlation ($r < .12$) between BMI and both the predictor and outcome variables. Additionally, descriptive analysis showed our participants being in the average range for BMI ($M=23.55$, $SD=4.61$). As such, our dataset is not optimal to analyze obesity.
- There is extensive literature on the predictors of dietary intake (Stevenson, 2017). There are multiple factors that affect dietary choices; the focus of our study is on the influence of mental health. We addressed the exclusion of weight with changes in subsection 4.4. Limitations and future directions, lines 473-474.

In addition, it is also important to know the income, since the economic level is a relevant factor for the choice of food. "People tend to choose foods based on nutritional and health reasons, cost, taste, ... not only for reasons of anxiety or depression"

- We agree that hypothetically income may be related to food choices. We re-ran our correlation analysis with income and found a low correlation between income and both the predictor and outcome variables ($r<.15$). We think that this is because the college student population is fairly homogenous regarding income. We addressed the exclusion of income with changes in subsection 4.4. Limitations and future directions, lines 473-474.

The results regarding total calorie consumption should be adjusted according to daily physical activity. The daily caloric intake for the sedentary is much less than for an athlete.

- We agree that physical activity may be related to caloric intake. There are multiple factors that affect dietary choices; the focus of our study is on the influence of mental health. We addressed the exclusion of physical activity with changes in subsection 4.4. Limitations and future directions, lines 473-474.

The 7-item scale of generalized anxiety disorder (GAD-7) and the 9-item scale of the patient's health questionnaire (PHQ-9) can be seen in supplementary materials.

- The GAD-7 was included in the supplementary materials. PHQ-9 could not be included due to copyright restrictions.

Depression is said to have associations with dietary patterns; Healthier diets, such as the Mediterranean diet, could be measured with the Mediterranean Diet Quality Index (KIDMED), a simple to use questionnaire that could complete your study.

- We acknowledge that the use of a questionnaire may have sufficed. However, one of the limitations we specified in the literature review is the inherent exclusion of some food items using questionnaires such as the KIDMED (subsection 1.4 Gaps in the literature, lines 107-111). We used a complete dietary recall to address this limitation (i.e., ASA24). As such, our data accounts for ALL foods eaten, compared to measures such as a food frequency questionnaire (FFQ). We clarified this with changes in subsection 1.4 Gaps in the literature, line 115.
- The goal of the study is to identify specific areas of dietary deficit (i.e., macronutrients) related to anxiety and depression, as measured by a standardized food recall system developed by the National Cancer Institute and National Institute of Health (i.e., ASA24). Additionally, while data derived from the ASA24 can also be used to identify dietary patterns, we chose to define a healthy diet in our study using the HEI, which was developed based on dietary guidelines put out by the U.S. Department of Agriculture. We think that using a measure of a healthy diet developed based on dietary data obtained from people living in USA, would be more relevant given that our sample also live in USA.